



IOWATER Bacteria Monitoring

Date _____ Time _____

IOWATER Monitor _____ Site Number _____

Other Volunteers Involved

of Adults (incl. yourself) _____ # of Children _____

Note: It is recommended that a Level 1 Chemical/Physical Stream Assessment form also be completed.

Other Stream Assessment Observations and Notes

Bacteria Numbers	<i>E. Coli</i> Bacteria (count) (dark blue-purple)	General Coliform Bacteria (count) (pink)
Replicate 1		
Replicate 2		
Replicate 3		

Volume of Water Sampled for each replicate (ml) _____

Incubation Start Time _____ Incubation End Time _____

Bacteria Incubation Period (hours) _____

Bacteria Incubation Temperature _____ °Fahrenheit